

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000018935

1. Entity Name

Robert PADgett Trucking Inc

Principal Place of Business

1687 Nolan Rd
Middleburg FL
32068

Mailing Address

P.O. Box 193
Middleburg FL
32050

2. Principal Place of Business

1687 Nolan Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 193
Suite, Apt. #, etc.

City & State

Middleburg FL
Zip 32068 Country U.S.A

City & State

Middleburg FL
Zip 32050 Country USA

4. FEI Number

593568787

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Robert D. PADgett
1687 Nolan Rd
Middleburg FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Robert D. PADgett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D.P.
NAME Robert D. PADgett
STREET ADDRESS 1687 Nolan Rd
CITY-ST-ZIP Middleburg FL 32068 ☐ Delete

TITLE FAYE MANNING STVP
NAME FAYE MANNING STVP
STREET ADDRESS 1687 Nolan Rd
CITY-ST-ZIP Middleburg FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. PADgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

904-282-1192

Daytime Phone #

CR2E034 (1/1/00)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 049 ***158.75

769102

DO NOT WRITE IN THIS SPACE